

STATE OF KANSAS
SHARP PAYCHECK REVERSAL/ADJUSTMENT/SUPPLEMENTAL

(Please print or type all information)

DEPT. ID	EMPLOYEE ID	Emp Rcd #	SSN	EMPLOYEE NAME (Last, First, MI)

List the following information for each pay period to be adjusted:

ORIGINAL	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT
ADJUSTED				
ORIGINAL	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT
ADJUSTED				
ORIGINAL	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT
ADJUSTED				
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ADJUSTED				
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ADJUSTED				
ORIGINAL	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT
ADJUSTED				

☐ REVERSAL ☐ ADJUSTMENT ☐ SUPPLEMENTAL

DESCRIPTION: (Describe the situation that caused the Earnings or Deduction adjustment. In the case of deduction adjustments, include information such as deduction coverage, carrier effective date of deduction, and any other relevant information that would help explain the situation.)

(Agency Authorization Signature)

(Request Date)

(Contact Person)

(Phone Number)

(Extension)

Attachment to DA-180

Employee ID _____

Original Check # _____

PPED _____

Adjusted Check # _____

		(From Adjusted Ck) WAS		(Use Online Check) SHOULD BE		DIFFERENCE	
EARNINGS CODE		HRS	\$ AMOUNT	HRS	\$ AMOUNT	HRS	\$ AMOUNT
E A R N I N G S							
Total Pay							
		Employee	Employer	Employee	Employer	Employee	Employer
T A X E S	EIC						
	OASDI						
	MEDICARE						
	FED TAX						
	ST TAX						
	UCI						
	LOCAL TAX						
D E D U C T I O N S	GTL N						
	GTL T						
	STLEAV N						
	WCI N						
Medical Ins. Codes:							
Dental Ins. Codes:							
Vision Ins. Code:							
Drug Ins. Codes:							
Retirement Codes:							
NET							